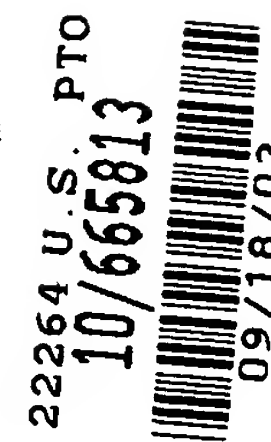


**NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)**

☐ **Duplicate**
(check, if applicable)



MAIL STOP PATENT APPLICATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.: 9249-53U1
First Named Inventor: Gary D. Giegerich
Express Mail Label No.: EV343988655US
Total Pages of Transmittal Form: 2

Transmitted herewith for filing is the non-provisional utility patent application entitled:

MULTI-GAME CABINET

which is:

an ☒ Original; or

a ☐ Continuation, ☐ Divisional, or ☐ Continuation-in-part (CIP)
of prior Application No. &@ filed&@.

Anticipated Group/Art Unit: &@ or Class &@, Subclass &@.

☒ This non-provisional patent application is based on Provisional Patent Application No.
60/440,813, filed January 17, 2003.

Enclosed are:

☒ Specification (including Abstract) and claims: 9 pages.

☒ 7 sheets of drawings (formal).

☐ Application Data Sheet.

☒ Newly executed Declaration (copy of original).

☐ Copy of Declaration from prior application.

☐ Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).

☐ Microfiche computer program (Appendix).

☐ Nucleotide and/or Amino Acid Sequence Submission, including:

☐ Computer readable copy ☐ Paper Copy ☐ Verified Statement.

☒ Under PTO-1595 Cover Sheet, an assignment of the invention

☒ Name of Assignee: **DMI Sports, Inc.**

☐ Certified copy(ies) of &@ Application No(s). &@ filed &@ is/are filed:

☐ herewith or ☐ in prior application &@.

- ☒ Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under 37 C.F.R. §1.27 as ☐ an Independent Inventor, or ☒ a Small Business Concern, or ☐ a Non-Profit Organization.
- ☐ Preliminary Amendment.
- ☐ Information Disclosure Statement, PTO/SB/08A, and cited references.
- ☐ Request for Nonpublication of Application Under 35 U.S.C. §122(b)
- ☐ Other: &@

The filing fee is calculated as follows:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE:			BASIC FEE:	
			\$375			\$750	
Total	10 - 20 =	-0-	X9	\$-0-	OR	X18	\$-0-
Independent	3 - 3 =	-0-	X42	\$-0-	OR	X84	\$-0-
<input type="checkbox"/> Multiple Dependent Claims Present			\$140	\$-0-	OR	\$280	\$-0-
			TOTAL	\$375.00	OR	TOTAL	\$-0-

- ☐ The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts
- ☒ A check in the amount of **\$375.00** to cover the filing is enclosed.
- ☒ The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-1017 (Billing No. 209249.0062)** as noted below. A duplicate copy of this sheet is enclosed.
- ☒ Any overpayments or deficiencies in the above-calculated fee.
- ☐ Filing fee in the amount of \$_____ as calculated above.
- ☒ Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
- ☒ In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

9/18/03
(Date)

By:


LESLIE L. KASTEN, JR.

Registration No. 28,959

AKIN GUMP STRAUSS HAUER & FELD LLP

One Commerce Square

2005 Market Street, Suite 2200

Philadelphia, PA 19103-7013

Telephone: 215-965-1200

Direct Dial: 215-965-1290

Facsimile: 215-965-1210

E-Mail: lkasten@akingump.com

Reg No 48955
for

☒ Customer Number or Bar Code Label: **000570**

LLK:KBG:cbf

Enclosures